

PSA CPSU NSW EMERGENCY AMBULANCE COVER CLAIM FORM



1. MEMBER DETAILS

Surname	First Name	
Date of Birth (dd/mm/yy)	Member number	
Employer	Occupation	
Email		
Telephone number (home)	Mobile	
Residential Address		
Suburb	State	Postcode

2. EMERGENCY AMBULANCE COVER CLAIM DETAILS

Person Affected		
If a direct family member		
Date of Emergency (dd/mm/yy)	Time of Emergency	
Reason for Emergency Ambulance Response <i>(please provide full details as to location and what happened to require an ambulance):</i>		
Was the response related to a motor vehicle accident?	Yes	No
Was the response related to a workplace accident?	Yes	No
Is the claimant a member of an Ambulance Service Scheme?	Yes	No
Does the claimant hold Private Health Insurance?	Yes	No
Did the response occur prior to 6 April 2020?	Yes	No

PSA CPSU NSW EMERGENCY AMBULANCE COVER CLAIM FORM CONT.



The PSA/CPSU NSW shall provide Emergency Ambulance Cover to all Eligible Financial Members of the Union.

Terms and Conditions

1. The benefit will be payable for eligible financial members who are unable to receive financial assistance for emergency ambulance transportation through a legislated scheme, a health insurance policy or any other insurance policy (for example, CTP, worker's compensation, sporting club policy or social security entitlement).
2. The benefit excludes inter-hospital transportation, transport from one home to another, transportation for reasons of convenience or social reasons.
3. The scheme only applies to emergency transport services within Australia on or after 6 April 2020.
4. Compensation shall be limited to a maximum of \$5,000 per eligible financial member in any financial year.
5. An eligible financial member is a person who is an ordinary financial member of the PSA/CPSU NSW.
6. An eligible financial member is a person who has paid full current dues (either yearly or quarterly) or is on direct debit/credit card method of payment, payroll deductions, or has an approved suspension of PSA/CPSU NSW fees. Includes members on Leave without pay, but excludes new members joining as LWOP after 6 April 2020.
7. To be covered, a person must be an eligible financial member at the time of making a claim.
8. This benefit does not apply to the following category of members; retrenched and associate members (which includes retired, life members or student members).
9. The benefit does not apply to members that are unfinancial at the time of the claim.
10. The benefit will be paid directly to the emergency transport service and not as a reimbursement to members.
11. A statutory declaration to be provided with the claim form that states all the details provided by the member are true and correct.
12. If there is a disputed claim for emergency ambulance costs, all the particulars must be set out in writing and shall be considered and determined by the PSA/CPSU Executive.

Definition

Emergency Ambulance means:

1. The necessary transportation by emergency transport, in circumstances of injury or sickness, to the nearest available hospital which is equipped to deal with the nature of the emergency; or
2. Treatment by emergency ambulance staff.

I hereby declare that the information in this claim form is true, correct and complete. I understand and agree that if I make any false or fraudulent statements or fail to advise PSA/CPSU NSW of any relevant information regarding my claim, PSA/CPSU NSW may refuse to pay, and cancel my claim.

Name

Signature

Date (dd/mm/yy)

**Please check you have correctly completed all sections and saved the document prior to submitting.
All completed claims returned to : ambulancecover@psa.asn.au**